

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>4-23-02</u>		2 Serial/Patent # <u>101005,465</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	<u>4</u>	<u>4-23-02</u>	\$ <u>1300⁰⁰</u>							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>1300⁰⁰</u>							
		8 TO BE REFUNDED BY:									
		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:									
10 REASON:		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">1</td> <td style="width: 20px;">5</td> </tr> </table>			5	0	--	0	8	1	5
5	0	--	0	8	1	5					
<input type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Scott L. Harkard</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>306-5593</u>									
OFFICE: <u>4700</u>											

THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: <u>[Signature]</u>		DATE: <u>7/14/02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: